

|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |  | <b>Complete if Known</b> |                        |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2009</b>  |  | Application Number       | 10/586,130-Conf. #1803 |
|   |  | Filing Date              | July 17, 2006          |
|   |  | First Named Inventor     | Masaaki TAKEGAMI       |
|   |  | Examiner Name            | T. C. Ruby             |
|   |  | Art Unit                 | 4184                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |  | Attorney Docket No.      | 4633-0175PUS1          |
| TOTAL AMOUNT OF PAYMENT   |  | (\$)                     | 1,110.00               |

|  |   |                                      |  |
|--|---|--------------------------------------|--|
| <b>METHOD OF PAYMENT (check all that apply)</b>  |   |                                      |  |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  | <input type="checkbox"/> Money Order | <input type="checkbox"/> None                              |
| <input type="checkbox"/> Other (please identify): _____  |   |                                      |  |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number:   | 02-2448                              | Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |                                      |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |                                      |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |                                      |  |

|   |                 |                     |                 |   |                  |  |                       |
|---|-----------------|---------------------|-----------------|---|------------------|--|-----------------------|
| <b>FEE CALCULATION</b>  |                 |                     |                 |   |                  |  |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                 |                     |                 |   |                  |  |                       |
|   | FILING FEES     |                     | SEARCH FEES     |   | EXAMINATION FEES |  |                       |
|   |                 | Small Entity        |                 | Small Entity  |                  | Small Entity                                 |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b> | <b>Fee (\$)</b>     | <b>Fee (\$)</b> | <b>Fee (\$)</b>   | <b>Fee (\$)</b>  | <b>Fee (\$)</b>                              | <b>Fees Paid (\$)</b> |
| Utility   | 330             | 165                 | 540             | 270   | 220              | 110  | _____                 |
| Design  | 220             | 110                 | 100             | 50  | 140              | 70   | _____                 |
| Plant   | 220             | 110                 | 330             | 165   | 170              | 85   | _____                 |
| Reissue   | 330             | 165                 | 540             | 270   | 650              | 325  | _____                 |
| Provisional   | 220             | 110                 | 0               | 0   | 0                | 0  | _____                 |
|   |                 |                     |                 |   |                  |  | Small Entity          |
| <b>Fee Description</b>  |                 |                     |                 |   |                  |  | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                 |                     |                 |   |                  |  | 52     26             |
| Each independent claim over 3 (including Reissues)  |                 |                     |                 |   |                  |  | 220     110           |
| Multiple dependent claims   |                 |                     |                 |   |                  |  | 390     195           |
| <b>Total Claims</b>   |                 | <b>Extra Claims</b> |                 | <b>Fee (\$)</b>   |                  | <b>Fee Paid (\$)</b>                         |                       |
| 4   |                 | - 20 or HP          |                 | x   |                  | =  |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                 |                     |                 |   |                  |  |                       |
| <b>Indep. Claims</b>  |                 | <b>Extra Claims</b> |                 | <b>Fee (\$)</b>   |                  | <b>Fee Paid (\$)</b>                         |                       |
| 1   |                 | - 3 or HP           |                 | x   |                  | =  |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                 |                     |                 |   |                  |  |                       |
| <b>3. APPLICATION SIZE FEE</b><br>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                 |                     |                 |   |                  |  |                       |
| <b>Total Sheets</b>   |                 | <b>Extra Sheets</b> |                 | <b>Number of each additional 50 or fraction thereof</b> |                  | <b>Fee (\$)</b>                              |                       |
| _____   |                 | - 100 = _____       |                 | / 50 = _____  |                  | (round up to a whole number) x _____ = _____ |                       |
|   |                 |                     |                 |   |                  | <b>Fee Paid (\$)</b>                         |                       |
| <b>4. OTHER FEE(S)</b><br>Non-English Specification, \$130 fee (no small entity discount)<br>Other (e.g., late filing surcharge): 1253 Extension for response within third month _____, 1,110.00  |                 |                     |                 |   |                  |  |                       |

|                     |                     |                                   |                |
|---------------------|---------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                     |                                   |                |
| Signature           |                     | Registration No. (Attorney/Agent) | 40,439         |
| Name (Print/Type)   | D. Richard Anderson | Telephone                         | (703) 205-8035 |
|                     |                     | Date                              | August 5, 2009 |